



Department of Medicaid

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TO: Contracted Medicaid Managed Care Organizations
Contracted MyCare Ohio Plans

FROM: Jim Tassie, Deputy Director
Office of Managed Care

DATE: December 6, 2022

SUBJECT: 42 CFR 438.62 Continued Services to Enrollees Requirements for Managed Care Programs

Medicaid Managed Care Organizations (MCOs) and MyCare Ohio plans (MCOPs) shall comply with the transition of care requirements listed in 42 Code of Federal Regulations (CFR) 438.62 and outlined in the provider agreements for all new members, regardless of if the individual is transitioning from fee-for-service (FFS) or another MCO or MCOP.

Upon notification from ODM¹ that an individual will be switching to a different MCO or MCOP, the disenrolling entity shall provide specific information related to the disenrolling member to the enrolling MCO or MCOP. Data should be shared between entities using files uploaded to secure file transfer protocol (FTP) sites. Disenrolling MCOs or MCOPs are responsible for sending the following information to the enrolling MCO or MCOP within the timeframes specified below:

1. Prior Authorization (PA) information shall be sent as expeditiously as the situation warrants, but no later than the 20th calendar day² of the month following disenrollment. The following data shall be included in the prior authorization flat file:
 - a. **Member Demographics** - Name, DOB, Medicaid ID
 - b. **Provider Information** – Name, Address, Phone, Fax, Medicaid ID, National Provider Identifier (NPI), Billing Tax Identification Number (TIN), Comprehensive Primary Care (CPC) Provider
 - c. **Services Requested** – Current Procedural Terminology (CPT) Codes, Modifiers, Units and Authorized Date Span (6-12 months) for both open spans and approved services not yet initiated

If the disenrolling MCO or MCOP does not have any PA data to share for a transitioning member, the data files shall reflect or identify that no records are included for that member.

¹ ODM will provide supplemental .xlsx files monthly to the member's disenrolling and enrolling MCO or MCOP. These reports will be run on the first Monday following a Business Intelligence Analytic Report (BIAR) update, but no later than the 8th of the month. ODM will drop off the files to each MCO or MCOP's secure FTP site and send notification via email when the files are ready to be picked up.

² If necessary, the enrolling MCO or MCOP shall lift claim edits for an additional period of time in order to properly load member information and reduce inappropriate claim denials for member services.

2. If applicable, the care coordination information listed below shall be sent as expeditiously as the situation warrants, but no later than the 20th calendar day of the month following disenrollment. The care coordination information shall be sent using existing processes.
 - a. **Current Care Coordination Status** – engaged, in-active, outreach and coordination
 - b. **Current Risk Level** – Intensive, high, medium, low and monitoring
 - c. **Date of Last Assessment and Assessment Results**
 - d. **Current Care Plan**
 - e. **MCO or MCOP conducted assessments (including any Health Risk Assessments)**

The care coordination information listed above will be shared between MCOs and MCOPs via access to care coordination portals in the future.

The Ohio Department of Medicaid (ODM) will continue to provide historical utilization data to the enrolling MCO or MCOP using existing processes and timeframes. ODM will provide the enrolling MCO or MCOP 24 months of claims, encounters, and prior authorization information.

This memo is to be effective on February 1, 2023, upon implementation of the Next Generation of Managed Care. Questions regarding the content of this memo should be forwarded to ManagedCarePolicy@medicaid.ohio.gov.